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## BIB DATA SHEET

CONFIRMATION NO. 4057

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/643,203	08/18/2003	600	3766	GUID.059PA
<b>RULE</b>				
<b>APPLICANTS</b> Jeffrey E. Stahmann, Ramsey, MN; John D. Hatlestad, Maplewood, MN; Quan Ni, Shoreview, MN; Jesse Hartley, Lino Lakes, MN; Douglas R. Daum, Oakdale, MN; Kent Lee, Fridley, MN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/13/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROLAND DINGA/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 17	<b>TOTAL CLAIMS</b> 97
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> HOLLINGSWORTH & FUNK 8500 Normandale Lake Blvd SUITE 320 MINNEAPOLIS, MN 55437 UNITED STATES				
<b>TITLE</b> Adaptive therapy for disordered breathing				
<b>FILING FEE RECEIVED</b> 2630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	